

## **Paper to inform the Bristol section of the BNSSG bid for mental health support teams in schools.**

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**Have we engaged the right stakeholders in the development of the proposal, including senior strategic commitment to the joint delivery:**

*Director Children and Families (BCC) via EDM email*

*Executive Director: People (BCC) via EDM email*

*Director Education: (BCC) via EDM email*

Public Health, BCC including the Director of Public Health, the Public Health Consultant for Children and Young People and the Public Health Consultant for Mental Health

Education colleagues, including Head for Alternative Learning Provision, Lead for School Improvement and Virtual School

Educational Psychologists

Children's Commissioning in BCC

Families in Focus including Mental Health Lead

Schools Safeguarding Advisor, BCC

Commissioned providers of mental health services for young people:

- AWP
- Off the Record

Lead Primary Mental Health Specialist

Public Health England

Paper for Health and Wellbeing Board Feb 2020

Creative Youth Network

Although high levels of need have been identified among children and young people in some parts of Bristol, final decisions about specific schools do not need to be made until later in the process. Target schools will be engaged once the level of funding has been agreed and we know how much Bristol has been awarded. Funding for the first year covers training for the practitioners, which allows time to make decisions about how many and which schools will be covered.

### **Assessment of local need including inequalities and vulnerable groups**

The BNSSG CCG intends to bid for funding from NHS England and DfE to place mental health support teams in schools across the CCG area. This paper highlights the need for mental health support

teams in schools in Bristol. According to the 2018 mid-term population estimate, there are 70,049 school aged children and young people (5-18 year olds) in Bristol. NHSE estimates approximately 500 individual children and young people will receive interventions per 8000 school aged pupils per team per year from the Mental Health Support Teams in schools. If this funding met the needs of the whole school age population, Bristol would require between 8 and 9 teams. However, NHSE have advised that the aim is to meet the need of 25% of the school age population. The bid for Bristol would therefore be for two teams.

The Bristol City Council data school census in January 2020 recorded 58,124 5-18 year olds attending state schools in Bristol, of which 22,441 (38.6%) are from BAME backgrounds. The actual number of 5-18 year olds will be higher as this figure excludes pupils attending non state schools and those attending schools outside of Bristol.

The wards with the highest populations of school aged children and young people are Hartcliffe and Withywood (4,206), Avonmouth and Lawrence Weston (3,636), Lawrence Hill (3,520) Filwood (3,168), and Westbury on Trym and Henleaze (2,742)<sup>1</sup>. The first four of these wards have the highest levels of deprivation in the city<sup>2</sup>.

The wards with the highest **BAME** population are all in the East Central locality. The highest is Lawrence Hill, where 59.6% of the whole population is from a BAME background. Neighbouring wards with high BAME populations are Easton (37.9%), Eastville (34.6%) and Ashley (33.5%).<sup>3</sup>

The most recent national study<sup>4</sup> estimates that 1 in 8 5-19 year olds experience at least one mental health disorder at any one time. The inclusion of 19 year olds makes this group slightly older than the school aged population. The 2018 mid-term population figures record approximately 80,000 5-19 year olds in Bristol. Based on this, it can be inferred that there are approximately 10,000 children and young people in Bristol aged 5-19 experiencing at least one mental health disorder. However, high levels of deprivation in some parts of the city and a high proportion of young people experiencing vulnerability, suggest that the number may be higher than this.

This suggestion is supported by the Pupil Voice report for 2019<sup>5</sup>, which states that out of 4,900 pupils who responded to the Pupil Voice survey, 5% of primary school aged pupils and 35% of secondary school aged pupils have scores on the Stirling Children's Wellbeing Scale and Warwick-Edinburgh Mental Wellbeing Scales respectively that indicate poor mental health.

In Bristol the rate of hospital admissions for mental health conditions among children and young people aged 0-17 is relatively low compared to the rate for England<sup>6</sup> but the rate of hospital

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<sup>1</sup> <https://bristol.opendatasoft.com/explore/?refine.theme=Education&sort=modified>

<sup>2</sup> <https://www.bristol.gov.uk/documents/20182/32951/Deprivation+in+Bristol+2019.pdf/ff3e5492-9849-6300-b227-1bdf2779f80>

<sup>3</sup> <https://bristol.opendatasoft.com/explore/?sort=modified&refine.theme=Population>

<sup>4</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

<sup>5</sup> Bristol City Council, 2019

<https://www.bristol.gov.uk/documents/1904666/2333935/Bristol+Pupil+Voice+Report+2019.pdf/7fc58966-0edc-3ed5-6366-7b5774ceb981>

<sup>6</sup> Public Health England Children and Young People's Mental Health and Wellbeing Profiles, September 2019; <https://fingertips.phe.org.uk/profile/child-health->

admissions for self-harm among young people aged 10 – 24 is significantly higher<sup>7</sup>. The rate for 15-19 year olds is highest at 1,071 per 100,000 compared to 648.6 per 100,000 for England. Rates of self-harm admissions vary across Bristol, but the highest rates are in Bristol South and Bristol East localities<sup>8</sup>. In addition, the Bristol Self-harm Surveillance Register<sup>9</sup>, which records information about patients presenting to hospital emergency departments for self-harm, has consistently recorded high numbers of presentations among females aged 15-19.

There is further evidence of high levels of self-harm among the school aged population in the Bristol Pupil Voice report. 5% of secondary school boys and 11% of secondary school girls who responded to the survey (n=4,900) said that they harm or cut themselves as a means of dealing with their problems<sup>10</sup>. This information can be mapped by school to support effective targeting by mental health teams.

Bristol has high proportions of vulnerable groups who are at increased risk of mental health disorders. These can be mapped by locality (North, South and East Central), ward and also against the information collected from young people in the Bristol Pupil Voice report to guide successful targeting of schools for mental health support teams.

These groups include:

- 15.5% of school age children in Bristol (10,606) have **special educational needs and disabilities** (SEND). This includes 2.85% of school age children who have social, emotional and mental health needs, higher than 2.39% for England<sup>11</sup>. The rate of SEND in Bristol is significantly higher than the England average, which is 14.4%. The highest rate and number by a considerable margin is in Hartcliffe and Withwood, with almost one quarter of children (24%) with SEND. Other wards in South Bristol that have high numbers and percentages are Filwood (18.6%) and Hengrove and Whitchurch Park (17.2%). In East Central Bristol the highest rate is in Lawrence Hill (18.3%) and in the North area the highest proportion is in Avonmouth and Lawrence Weston (14%)<sup>12</sup>.
- In 2018 7.7% of 16 and 17 year olds in Bristol were not in education, employment or training (**NEET**). This is significantly higher than the average for England, which is 5.5%<sup>13</sup>. The proportion is higher for males in Bristol (8.5%) than for females (6.9%). Bristol data for 2017

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<sup>7</sup> Public Health England Children and Young People's Mental Health and Wellbeing Profiles, September 2019; [https://fingertips.phe.org.uk/profile/child-health-](https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/6/gid/1938133228/pat/6/par/E12000009/ati/102/are/E06000023/iid/90812/age/173/sex/4)

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<sup>8</sup> Hospital Episode Statistics (via NHS Digital).

<sup>9</sup> Bristol Self-harm Surveillance Register [https://cpb-eu-w2.wpmucdn.com/blogs.bristol.ac.uk/dist/3/343/files/2019/09/BSHSR\\_AnnualReport-27062019-PRINT.pdf](https://cpb-eu-w2.wpmucdn.com/blogs.bristol.ac.uk/dist/3/343/files/2019/09/BSHSR_AnnualReport-27062019-PRINT.pdf)

<sup>10</sup> Bristol City Council, 2019

<https://www.bristol.gov.uk/documents/1904666/2333935/Bristol+Pupil+Voice+Report+2019.pdf/7fc58966-0edc-3ed5-6366-7b5774ceb981>

<sup>11</sup> <https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2018>

<sup>12</sup> <https://bristol.opendatasoft.com/explore/?refine.theme=Education&sort=modified>

<sup>13</sup> <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

shows that the highest number and percentage is in the South locality, with 13.1% in Hartcliffe and Withywood , 15.2% in Filwood and 8.4% in Hengrove and Whitchurch Park . In the North the highest proportions are in Southmead (11.4%) and Avonmouth and Lawrence Weston (11.1%). In East Central the highest figure is in Lawrence Hill (8%). The lowest rate in the city is in the western part of North Bristol in Redland, with 1.1% of 16 and 17 year olds recorded as NEET<sup>14</sup>.

- 17% of secondary school pupils who responded to the Pupil Voice survey identified as **lesbian, gay, bisexual, other, questioning or unsure**<sup>15</sup>. This is significantly higher than the proportion within the whole population, as suggested by national data<sup>16</sup>. There is a consistent correlation with other mental health factors highlighted in the Bristol Pupil Voice report and this data will be used to inform the decisions about which schools to target for the mental health teams in schools.
- Bristol has been successful in recent years in reducing the number of **Children in Care** in the city and the rate in Bristol (66 per 10,000) is now close to the rate for all England (65 per 10,000). However, new national figures show that the number of children in care in England is at a 10 year high<sup>17</sup>. Also, the percentage of Children in Care whose mental health assessment score indicates a cause for concern is slightly higher in Bristol (42.3%) than in England (38.6%)<sup>18</sup>. Unaccompanied Asylum Seeking Children (UASC), who are included in this population, have particularly high needs in terms of mental health<sup>19</sup>. The UASC population in Bristol has increased over recent years from a total of 13 in 2013/14 to a total of 65 during 2017/18<sup>20</sup>. In Bristol the ward with the highest number of children in care is Hartcliffe and Withywood: 13.4% of children in care in the city are from this ward. This is significantly higher than Avonmouth and Lawrence Weston, which has the second highest number: 7.4% of children in care in Bristol are from this ward.
- Looking more broadly at children in the social care system (children in care, children in need and children with a child protection plan), the highest numbers can again be seen in South Bristol. 14.7% of the children engaged with social care in Bristol are in Hartcliffe and Withywood and 6.5% are in Filwood. In East Central Bristol the highest proportion (5%) is in Lawrence Hill. In the North area of the city 7.3% of these children are in Avonmouth and Lawrence Weston, 5.9% are in Southmead and 5% are in Henbury and Brentry. Wide variation can be seen across the city. The lowest proportion is in the western part of North Bristol with 0.1% of these children in Clifton Down and another 0.1% in Cotham<sup>21</sup>.

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<sup>14</sup> <https://bristol.opendatasoft.com/explore/?refine.theme=Education&sort=modified>

<sup>15</sup> Bristol City Council, 2019

<https://www.bristol.gov.uk/documents/1904666/2333935/Bristol+Pupil+Voice+Report+2019.pdf/7fc58966-0edc-3ed5-6366-7b5774ceb981>

<sup>16</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2017>

Accessed Sept 2019

<sup>17</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/850306/Children\\_looked\\_after\\_in\\_England\\_2019\\_Text.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/850306/Children_looked_after_in_England_2019_Text.pdf)

<sup>18</sup> <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2017-to-2018>. Accessed Sept 2019

<sup>19</sup> <https://www.bristol.gov.uk/documents/20182/3099546/JSNA+Chapter+LAC+and+Care+leavers+%28Nov+18+29.pdf/050d8eab-c72f-7d29-5d29-ddc20799c738>

<sup>20</sup> <https://bristol.opendatasoft.com/explore/?sort=modified&refine.theme=Health+%26+Social+Care>

<sup>21</sup> <https://bristol.opendatasoft.com/explore/?sort=modified&refine.theme=Health+%26+Social+Care>

- 7.4 per 1000 10-18 year olds in Bristol are in the youth justice system<sup>22</sup>. The rate of children who are first time entrants to the **criminal justice system** in Bristol is particularly high and although it has fallen considerably since 2010, it remains significantly higher than the national rate with 402.6 per 100,000 in Bristol compared to 238.5 per 100,000 for England<sup>23</sup>. In 2018/19 the highest rates of youth offenders were in Hartcliffe and Withywood (21.4 per 1000), Central (19.4 per 1000) and Filwood (15.8 per 1000). These areas were also **hotspots for violent crime in 2016-19**<sup>24</sup> but this data covers all ages. The lowest rates were in Cotham and Redland, where there were no youth offenders. A report about youth violence is currently being written by BCC and is expected to be available in mid-February. This will include information on knife crime offences in Bristol by locality and is likely to contain data that will inform the targeting of schools.
- Bristol has a very high rate of children who are **excluded from school**. In 2017/18 the rate of secondary school pupils who received a fixed term exclusion in Bristol was 18.3 per 100, much higher than the national average of 10.1 per 100. Rates for primary school exclusions in Bristol were also high at 2.8 per 100, twice the national rate of 1.4 per 100. The highest rate is among pupils in special schools, where the rate is 36.8 per 100 pupils, almost 3 times the national rate of 12.3 per 100<sup>25</sup>.

Between 2016 and 2019 there were 14,797 exclusions in Bristol involving 4,059 individuals. The pattern suggests frequent recurrent episodes for some individuals. 48% of the individuals excluded had two or more separate episode of exclusion during the year, 15% (approx. 300 pupils) had 5 or more during a single year.

Based on 3 years of data (2016/17 to 2018/19), the mean average number of exclusion episodes by ward of residence is 435 and the mean number of individuals involved is 119, but this is heavily influenced by a relatively small proportion of wards with extreme statistics.

The highest incidence of pupil exclusion during this period is seen in South Bristol. Hartcliffe and Withywood has the highest number with 2,195 episodes of exclusion affecting 510 pupils. Filwood is also high, with 1,999 episodes involving 373 pupils. Hengrove and Whitchurch Park had 800 exclusions involving 168 pupils.

In North Bristol the highest number is in Avonmouth and Lawrence Weston, which has 1,231 exclusion episodes involving 268 pupils. Lockleaze has 557 episodes affecting 171 people and Southmead has 898 episodes involving 232 people. In East central the highest numbers are in Lawrence Hill with 919 episodes involving 356 people. Ashley has 538 episodes involving 238 people. In Easton and Eastville there are fewer episodes (323 and 289 respectively), but high numbers of young people (126 and 129) were involved. (See Fig 1 below)

The enormous variation in the incidence and risk of school exclusion across the city is highlighted by the range of exclusion incidents at a ward level during this three year period

<sup>22</sup> <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/0/gid/1938133228/pat/6/par/E12000009/ati/102/are/E06000023>

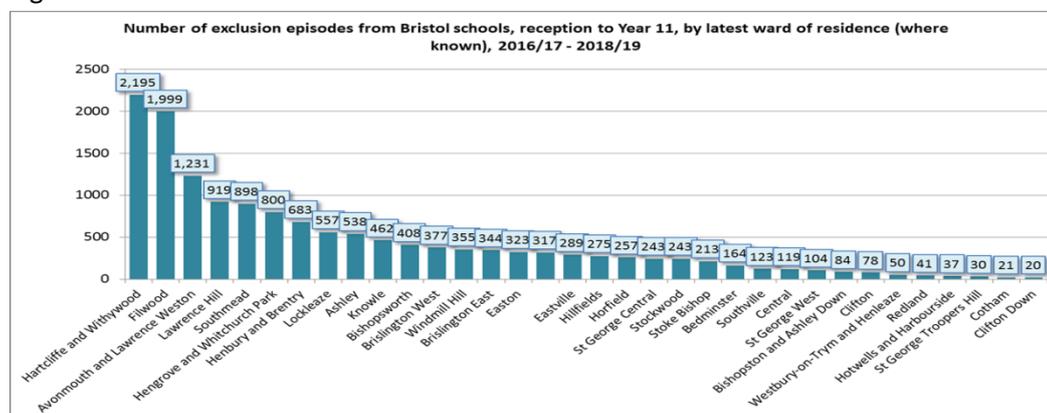
<sup>23</sup> Public Health England Children and Young People's Mental Health and Wellbeing Profiles, September 2019; <https://fingertips.phe.org.uk/search/first%20time%20entrants#page/3/gid/1/pat/6/par/E12000009/ati/102/are/E06000023/iid/10401/age/211/sex/4>

<sup>24</sup> <https://bristol.opendatasoft.com/explore/?refine.theme=Safety&sort=modified>

<sup>25</sup> Department for Education School Census 2018 <https://www.gov.uk/government/statistics/permanent-and-fixed-period-exclusions-in-england-2017-to-2018>

(20 to 2,195) and the range of people involved (8 to 510). In the same period Clifton Down, Cotham, Hotwells and Harbourside and St George Troopers Hill all had fewer than 40 incidents, involving fewer than 15 individuals. During the same three year period, a state school pupil living in Hartcliffe and Withywood was nearly 16 times more likely to have one or more exclusions from school, than a pupil living in Westbury-on-Trym and Henleaze.

Fig. 1



- During 2018/19 the Bristol Education Welfare Service received 752 referrals of **children missing education (CME)**, an increase from 497 referrals the previous year<sup>26</sup>. These children are not registered at a school or as receiving suitable education at home or elsewhere. In the first 6 months of the school year 2019/20, there were another 590 referrals, indicating that referrals are continuing to increase. 171 of the 2019/20 referrals were from East Central Bristol, 155 from North Bristol and 108 were from South Bristol. 156 referrals did not include a locality<sup>27</sup>. The largest group of CME was White British, followed by Somali.
- An additional vulnerable group are children and young people who are still on a school roll, but have stopped attending the school and whose whereabouts are not known; and those, who are recorded by the local authority as being home educated but whose whereabouts are also not known. In Bristol these children are known as **Pupil Tracking**. In 2018/19 there were 436 Pupil Tracking referrals, compared to 406 the previous year. The largest number of referrals by ethnicity was recorded as White British followed by Somali<sup>28</sup>.
- 19.7% of under 16s and 19.7% of under 20s live in **income deprived households**, significantly worse than the average for England which is 17% for both groups. At ward level, the greatest levels of deprivation in Bristol are in Hartcliffe & Withywood, Lawrence Hill and Filwood<sup>29</sup>. Using eligibility for Pupil Premium as a measure, the highest rate of disadvantage is in the South locality. In Hartcliffe and Withywood almost half of children (48.4%) are classed as disadvantaged and in Filwood the rate is 43.6%. Very high levels are also found in parts of the North locality. Avonmouth and Lawrence Weston has 31.7%, Southmead has 33.5% and

<sup>26</sup> Bristol City Council, Children Missing Education and Pupil Tracking Annual Report, Academic Year 2018-2019

<sup>27</sup> BCC internal data

<sup>28</sup> Bristol City Council, Children Missing Education and Pupil Tracking Annual Report Academic Year 2018-2019

<sup>29</sup> <https://www.bristol.gov.uk/documents/20182/32951/Deprivation+in+Bristol+2019.pdf/ff3e5492-9849-6300-b227-1bdff2779f80>

Lockleaze has 34.4%. In East Central Bristol Lawrence Hill has 44.7% of pupils who are eligible and Ashley has 28.6%<sup>30</sup>.

There is clearly a significant need for mental health teams in South Bristol, particularly in Hartcliffe and Withywood and Filwood, and a further need in Lawrence Hill and in Avonmouth and Lawrence Weston.

If the bid is successful, based on NHSE guidance, Bristol expects to get funding for two mental health teams, although when NHSE estimates are applied to the population in Bristol, there is actually a need for 8 or 9 teams. As an initial suggestion, we should consider one team for the South locality targeting schools in Hartcliffe and Withywood, parts of Filwood and one alternative learning setting and a second team to work across North and East Central Bristol, targeting schools in or around Lawrence Hill, Easton and Avonmouth and Lawrence Weston plus one/ two alternative settings. This could also include some settings in Southmead and Lockleaze, depending on the resource given to Bristol.

#### **Assessment of local provision and integration with existing services, including with education settings/education-based provision**

Bristol has good systems in place to support the successful integration of mental health teams into schools. The city has made mental health and wellbeing a priority within the One City Plan<sup>31</sup>, with an aim that mental health and physical health will be treated equally. It has also set an ambition to reduce Adverse Childhood Experiences (ACEs) among children and young people and has a commitment to becoming ACE aware throughout children's services, including supporting a trauma informed approach.

The Thrive Bristol <sup>32</sup> programme, which aims to promote good mental health across the city, has children and young people as one of its work streams and the initial focus of this strand is improving mental health in schools through the Healthy Schools programme.

A JSNA chapter on Children and Young People's Emotional and Mental Health and Wellbeing <sup>33</sup> was published in 2017. A report was also written by Centre for Mental Health to inform the priorities for the CYP strand of Thrive. Both of these documents make recommendations for the promotion of mental wellbeing in schools.

The BNSSG CCG is currently developing a joint all age mental health strategy.

The Bristol Strategy for Children, Young People and Families<sup>34</sup> runs to 2020 and is being refreshed this year. Children's Emotional Health and Wellbeing is the first priority within this strategy.

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<sup>30</sup> <https://bristol.opendatasoft.com/explore/?refine.theme=Education&sort=modified>

<sup>31</sup> <https://www.bristolonecity.com/about-the-one-city-plan/>

<sup>32</sup> <https://www.bristol.gov.uk/mayor/thrive-bristol>

<sup>33</sup> <https://www.bristol.gov.uk/documents/20182/34748/Children+and+Young+People+Mental+Health+report+March+2017/0d364755-31a1-7d6e-0512-4eacdb3231e0>

<sup>34</sup> <https://www.bristol.gov.uk/documents/20182/1309383/Bristol%27s+strategy+for+children+young+people+and+families/e4b7cbbd-3c6e-4527-8bb2-9a0094ef5b7f>

Bristol also has a strategy for children and young people aged 0-25 who have special education needs and disabilities<sup>35</sup> and this is linked to the all age mental health strategy.

Mental health is a focus for many schools in Bristol. There are several areas of work between schools and partner agencies that enable an integrated approach to support the mental health of children, young people and their families. This provides a strong framework for mental health teams to operate successfully in schools.

Bristol is developing a new approach to school behaviour policies and is creating guidance focusing on an attachment and ACE aware approach to Inclusion.

In 2016 CASCADE training<sup>36</sup> was commissioned to strengthen links between mental health services and schools. 94% of schools attended this 2 day training and feedback was very positive in terms of increased knowledge and strengthening relationships.

The Bristol Healthy Schools programme<sup>37</sup> enables good partnership working with schools across the city and BCC. This recently revised programme includes an 'Essential' award, which incorporates a mental health component, and a 'Specialist' award for mental health and wellbeing, with criteria built on the NICE/PHE guidelines. To achieve these awards schools must demonstrate that they have developed a whole school approach to improving mental health, identifying leadership, revising school policies and the environment, focusing on the taught curriculum and identifying and supporting vulnerable children and families. Although any school can apply, this work is particularly targeted at schools in the 4<sup>th</sup> and 5<sup>th</sup> quintiles of deprivation, in an aim to reduce health inequalities for the school age population in Bristol. This work will help to identify appropriate schools for mental health teams to target, focusing on need and reducing inequalities in health. In January 2020, 23 primary, secondary and special schools had achieved the mental health award under the old system, before the recent revision.

Those schools that are identified as appropriate settings for the new mental health teams but who have not yet engaged with the Healthy Schools programme will be offered support by BCC to begin working on the Healthy Schools Essential award. This will happen during the initial 12 month period of mental health practitioner training. This will help schools to establish leadership for mental health and to set up methods of identifying vulnerable pupils, so that mental health teams can work more effectively within stronger partnerships when they engage with these schools.

Bristol has increased the number of schools completing the Pupil Voice survey and this is now a requirement for all schools who are engaged in the Healthy Schools programme. This will enable some data collection to be part of systems measuring change following the introduction of mental health teams in schools.

The Families in Focus (FiF) service works with schools to provide help and support for vulnerable pupils and their families, including coordinating a multiagency team around the school. It has three

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<sup>35</sup><https://www.bristol.gov.uk/documents/20182/2041050/The+Bristol+Strategy+for+Children+and+Young+People+%280%E2%80%9325%29+with+Special+Educational+Needs+and+Disabilities+%282019+%E2%80%932022%29+.pdf>

<sup>36</sup><https://www.annafreud.org/media/7245/bristol-cascade-workshops-feedback-report.pdf>

<sup>37</sup><https://www.bristol.gov.uk/web/bristol-healthy-schools/awards-programme/our-awards>

locality based partnership managers, one of whom leads for the service on mental health. FiF managers also co-ordinate and lead three multiagency network meetings every year in each locality of Bristol, which are attended by a broad range of voluntary and statutory sector services, including school leaders. The primary mental health specialists deliver training workshops about children and young people's mental health at each of these meetings.

The Public Health school nursing service is provided by Sirona Care and Health, as part of the Children's Community Health Partnership<sup>38</sup>.

The commissioned mental health services in Bristol also work closely with schools. Bristol has commissioned the following organisations:

1. AWP provides the CAMHS service. In recent years the referral process into CAMHS was broadened to enable schools to make direct referrals. CAMHS provides a range of specialist mental health services, some of which are targeted at vulnerable groups such as Children in Care. In addition, all Bristol schools have a named CAMHS Primary Mental Health Specialist, working in partnership and offering advice and support in response to pupils' mental health needs. This service also supports the triage process following referrals into CAMHS, to ensure that young people receive the most appropriate support according to their needs.
2. Off the Record (OTR) works with young people aged 11 and over and has developed successful partnerships with all of Bristol's mainstream secondary schools, offering 1:1 sessions and Resilience Lab groups. Between April and Sept 2019 they ran 37 sessions in secondary schools in which they saw 732 individuals. The sessions were well evaluated with 70% of attendees reporting positive outcomes. They also offer hubs and pop ups in schools, promoting mental health services, signposting and enabling pupils to accessing the right help at the right time. Between April and Sept 2019 OTR delivered 71 hub and pop up sessions to 1,788 individuals. OTR offers several programmes including one focusing on mental health among LGBT+ young people and another focusing on the needs of BAME young people. OTR and CAMHS have a strong partnership e.g. providing joint assessments and triage. They work within an iThrive<sup>39</sup> model, helping young people to get the level of support they need and ensuring quicker access to services.
3. Kooth is an online counselling service for young people. Schools promote this confidential support to their pupils.

### **Contracting Arrangements for Mental Health Teams in Schools**

The BNSSG CCG is currently seeking confirmation from NHS England on the funding arrangements, values, and the process for drawing down funding. The current understanding is that funding will be transferred to the CCG who holds responsibility for the selection and contracting of a suitable provider to deliver the MHSTs, in partnership with schools and local authority colleagues. The CCG is currently collecting all of this information and will present to its own executive team early in March to seek approval to submit the expression of interest and at that stage have completeness of information.

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<sup>38</sup> <https://cchp.nhs.uk/>

<sup>39</sup> <https://www.annafreud.org/what-we-do/improving-help/thrive-framework/>

The March meeting will be where the CCG confirms the contracting arrangements which will be informed by ongoing conversations with all partners. The CCG will be responsible for the contracting, informed by procurement support and approved by executive team early March 2020.

**Outline service model**

NHSE estimates that approximately 500 individual children and young people will receive interventions per 8000 school aged pupils per team per year from the Mental Health Support Teams in schools. The 2018 mid-term population figures suggest that Bristol would need 8/9 teams to meet the need of all children and young people in the city. However, NHSE has advised that the programme aims to achieve 25% coverage of the school age population. Bristol is therefore hoping to get funding for 2 mental health teams to provide the service in a mixture of primary, secondary and special schools. These teams will provide an early intervention service, offering support for mild to moderate mental health issues.

NHSE has produced the following table as an indication of the composition of each mental health support team

	AfC Banding	WTE
<b>Admin</b>	4	0.5
<b>EMHP</b>	5	4
<b>Supervisor/Practitioner</b>	6	2
<b>Supervisors/higher level therapists</b>	7	1
<b>Team Leader</b>	8a	0.5
<b>Total</b>		8

During the first 12 months of the contract, practitioners and supervisors will receive training at the University of Exeter.

The schools chosen will have a catchment from children who live in the areas of highest deprivation in the city to ensure that support is targeted at CYP who are vulnerable to experiencing health inequalities. This will include mainstream primary and secondary and special schools. Experience suggests that children in Bristol PRUs and special schools have high mental health needs according to the iThrive model (see below) and may already have needs that reflect ‘getting more help’ and ‘getting risk support’, which is likely to be above the threshold for MH teams in schools. We plan therefore to focus some effort on these PRUs and special schools to target the relatively small number of pupils who meet the Getting Help level of need and to be able to advise referral into higher level services for those who have higher need.



The iThrive model is a needs led approach to mental health. Different levels of need are described according to the quadrants identified below.